

ENLISTED PERSONNEL ACTION REQUEST

FROM: Navy Personnel Command, (NPC-46/404CT), Millington, TN 38055-0000

VIA: Commanding Officer, USS DWIGHT D. EISENHOWER (CVN 69), FPO AE, 09532-2830

REF: MILPERSMAN 1050305

ENCL: Last three evaluations. ASVAB scores
Current physical.
Swimmer qualification.

DATE 98NOV15

34

SSN

NEC (PRI/SEC) 6633/0000

DUTY PHONE (AUTOVON) 565-6344
HOME PHONE N/A

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☐ TYPE DUTY ☐ TOUR ADJUSTMENT ☐ CHANGE OF RATE ☐ EXTENSION/REENLISTMENT ☐ SCHOOL ☐ STAR ☐ SCORE ☒ SPECIAL PROGRAM

☐ OTHER: (TRANSFER, EXCHANGE OF DUTY, NEW CONSTRUCTION, ETC.)

DESIRED TIME 99 OCT	EARLIEST/ LATEST N/A	CHOICES: 1ST (TYPE/AREA) N/A	2ND (TYPE/AREA) N/A	3RD (TYPE / AREA) N/A
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REASON FOR REQUEST AMPLIFYING INFORMATION OTHER REQUEST
Respectfully request to apply for SAR Aircrew.

UPON APPROVAL OF THIS REQUEST I WILL ACQUIRE NECESSARY OBLIGATED SERVICE
IF COST TRANSFER IS NOT FEASIBLE I WILL ACCEPT TRANSFER AT NO COST TO THE GOVERNMENT
DO YOU HAVE ANY OTHER REQUESTS PENDING ACTION IN NNPC E.G., FLEET RESERVE, HUMS SCHOOLS, ETC..
☐ YES ☒ NO IF YES, EXPLAIN ON THE REVERSE SIDE.

HAVE YOU PREVIOUSLY SUBMITTED THIS REQUEST ☒ YES ☐ NO IF YES, EXPLAIN ON REVERSE SIDE

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 USC 301 Departmental Regulations. The principal purpose of the information is to enable you to make known your desires for the various types of duty listed, or some other special assignment consideration. The information will be used to assist officials and employees of the Dept. of the Navy in determining your future duty assignment. Completion of the form is mandatory except for duty and home phone numbers: failure to provide required information may result in delay in response to or disapproval of your request.

SIGNATURE:

NO OF DEPNS 1	LOCATION OF DEPNS FDN	LOCATION OF HHG FDN	EDUCATION 12	CITIZ US	CLEARANCE CONFIDENTIAL	DLAB N/A
DATE REPORTED 951014	PRESENT PRD 9910	EAOS/ EAOS AS EXTENDED 99JAN01	SEX M	MILITARY SPOUSE <input type="checkbox"/> YES SSN: <input checked="" type="checkbox"/> NO		

LAST TWO EVALUATION (FILL IN INDICATED BLOCK NUMBERS)

EVAL BLOCK	27	28	29	30	31	32	33	34	35	36	37	38	39
DATE: See encls.													

☒ YES ☐ NO ELIGIBLE FOR DUTY REQUESTED
☒ YES ☐ NO HAS CLEAR RECORD (NO NJP) FOR PAST LOS MONTHS AS REQUIRED
☒ YES ☐ NO MEETS SECURITY CLEARANCE REQUIREMENTS ☐ NA
☐ YES ☒ NO SECNAVFINF REQUIRED

FROM: COMMANDING OFFICER, USS DWIGHT D. EISENHOWER (CVN 69)

TO: Navy Personnel Command, NPC-46/404CT, Millington, TN 38055-0000

VIA: RELIEF REQUIRED 0 MONTHS GAP ACCEPTABLE
☒ YES ☐ NO RECOMMENDED

USE REVERSE IF COMMENT DESIRED:

MEMBERS UIC: 00369 SIGNATURE OF COMMANDING OFFICER: By direction

FROM: NAVY PERSONNEL COMMAND

TO:

VIA: COMMANDING OFFICER
USS DWIGHT D. EISENHOWER (CVN-69)
ATTN: COMMAND CAREER COUNSELOR
FPO AE 09532-2830

☐ APPROVED

☐ ORDERS WILL BE ISSUED FOR TRANSFER IN _____ TO UIC: _____
☐ AUTHORIZED TO EXTEND ENLISTMENT TO: _____
☐ AUTHORIZED TO REENLIST FOR _____ YEARS
☐ PRD ADJUSTED TO _____ BY SEPAC. (ENSURE MEMBER HAS OBLISERV)
☐ WILL BE ASSIGNED ON A TEMADDINS PCS BASIS TO _____ SCHOOL.
☐ CLCVN _____ MOS OBLISERVE REQUIRED.
☐ OTHER:

☐ DISAPPROVED (LETTER OF EXPLANATION FOWARDED: _____)
DATE

☐ RETURNED WITHOUT ACTION:

☐ NOT ELIGIBLE FOR DUTY REQUIRED.
☐ REQUEST NOT IN COMPLIANCE WITH _____
☐ OTHER (SEE ADDITIONAL INFO):

ADDITIONAL INFORMATION:

DATE:

SIGNATURE: (BY DIRECTION)

NMPC CODE

USE THIS SPACE FOR ADDITIONAL COMMENTS
REQUEST PREVIOUSLY SUBMITTED AND RETURNED FOR INCOMPLETE PACKAGE

Your last 2 annual Performance Evaluation Reports should be attached here (front and back copies of each). Keep in mind that evaluation marks 2.0 or less in any single trait or NJP within the last two years (at the time the application is submitted) is cause for disqualification.

ENLISTED QUALIFICATIONS HISTORY

1. EDUCATIONAL EXPERIENCE LEVEL

GED (HS) EQUIVALENT TEST			COLLEGE LEVEL GENERAL EXAMS		PRESENT LEVEL OF EDUCATION						
DATE ISSUED	ISSUING STATE	INIT	DATE PASSED	INIT	12	13	14	15	16	17	

2. CLASSIFICATION/ASVAB TESTING QUALIFICATIONS

TEST FORM ID	DATE ADMIN.	AFQT	GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE
208	2/25/94	65	62	50	56	53	61	54	51	59	61	55	50

ASVAB ADMINISTERED BY: MEPS TAMPA FL

SPECIAL TEST SCORES

NAME	FORM	DATE	SCORE
DLAB			
NFQT			

CLASSIFIER'S SIGNATURE: 

3. RECORD OF OFF-DUTY EDUCATION/VOE/TECH TRAINING AND NON-REQUIRED CORRESPONDENCE COURSES

NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT	NUMBER/TITLE OF COURSE OR TEST	SCHOOL	DATE COMPLETED	GRADE	INIT

CERTIFIED TO BE A TRUE COPY

J. U. ACEVEDO, PN3, USN 11/12/98

4. OTHER TRAINING COURSES/INSTRUCTIONS COMPLETED

DATE COMPLETED	TYPE OF COURSE AND/OR INSTRUCTION	DURATION	LOCATION	INIT
OCT 06 1994	RECRUIT TRAINING (BMT)	8 WEEKS	RTC GREAT LAKES IL	802
95MAY18	EQUIVALENT TO AVIONICS	2 DYS	NATTC NAS MFS, MILLINGTON RAM	MAW
95NOV06	CITC	2 DAYS	USS D. D. EISENHOWER	MAW
96DEC05	PETTY OFFICER INDOC COURSE	3 DAYS	USS D. D. EISENHOWER	MAW

Name (Last, first, middle initial)

SOCIAL SECURITY NUMBER

BRANCH/CLASS

MEASUREMENTS AND OTHER FINDINGS

61. HEIGHT 71 INCHES		62. WEIGHT 140 LBS		63. COLOR HAIR RED		64. COLOR EYES GREEN		65. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		66. TEMPERATURE NE	
67. BLOOD PRESSURE (Arm at heart level)						68. PULSE (Arm at heart level)					
A. SITTING SYS . DIAS .		B. RECLUMBENT SYS 124. DIAS 69.		C. STANDING (5 min.) SYS 127. DIAS 80.		A. SITTING		B. AFTER EXERCISE		C. 2 MIN AFTER	
										77	
										97	
59. DISTANT VISION AFVT				60. REFRACTION MANIFEST				61. NEAR VISION			
RIGHT 20/20 CORR TO 20/				BY PLANO S SPH CX				20/20 CORR TO 20/ BY			
LEFT 20/20 CORR TO 20/				BY PLANO S SPH CX				20/20 CORR TO 20/ BY			
62. HETEROPHOBIA (Specify distance) AFVT											
ES		EX		R.H.		L.H.		PRISM DIV.		PRISM CONV.	
0.0		0.0		0.0		0.0		CT		PC PD	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT				FALANT PASS 9/9				AFVT			
66. FIELD OF VISION FULL BILATERALLY				67. NIGHT VISION (Test used and score) NIBH				68. END LENS TEST NE			
69. INTRACULAR TENSION TA: SEE NOTE				70. HEARING				71. ANSI 1969 AUDIOMETER			
RIGHT WV 155V 15				LEFT WV 155V 15				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score)			
				RIGHT				LEFT			
				NE 05 05 05 00 10 00 NE				NE 10 05 00 00 05 05 NE			

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY
This physical exam has been administratively reviewed for completeness and accuracy.

HM2/USN 14 Oct 78

SLIT LAMP EXAM- WNL
FUNDUS WNL, PIGMENTED CLUMPING AT THE DISC AURA OS- NCD

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item number)

#39: BM&S, NCD.
#48: INCOMPLETE ® BBB- NO WORK UP NEEDED
ACCORDING TO 97 WAIVER GUIDE. NCD.

75. RECOMMENDATIONS-FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

NONE

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

a. ☒ IS QUALIFIED FOR PQ AND AA DIF AS AIRCREW SAR/ HELO CANDIDATE AND TO PERFORM THE DUTIES OF HIS RATE AT SEA AND FOREIGN SHORE.

b. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

NONE

79. TYPED OR PRINTED NAME OF PHYSICIAN

LT/ MC/ USNR (FS)

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

LT/ DC/ USNR

SIGNATURE

/S/

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

CAPT/ MC/ USN (FS)

SIGNATURE

NUMBER OF ATTACHED SHEETS

0

NAVPERs 1070/604 (Rev. 7/91)
RTC SERV-REC SET 1

ADMINISTRATIVE REMARKS

NAVPERS 1070/613 (REV. 10-81)

S/N 0106-LF-010-6991

SHIP OR STATION

E-32

USS DWIGHT D. EISENHOWER (CVN-69), FPO AE 09532-2830

22 NOV 99: "I, [REDACTED] volunteer for duty involving flying and understand that I must maintain those qualifications specified by the Chief of Naval Operations and the Deputy, Chief of Naval Personnel during the periods I am actively assigned to such. This agreement shall remain valid until such time as it is rescinded by me or that it has been determined by appropriate authority that I am no longer qualified for such duties."

Member's Signature

Witness

NAME (LAST, First, Middle)

SSN

BRANCH AND CLASS

USN AD